Guide to Choosing a Nursing Home

U.S. Department of Health and Human Services
Health Care Financing Administration

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NOTICE

If you are a Medicare or Medicaid beneficiary applying for admission to a nursing facility for care that will be covered by Medicare or Medicaid, it is unlawful for the facility to require you to pay a cash deposit. Federal law prohibits nursing facilities from requiring a deposit or other payment as a condition of admission for care covered under either Medicare or Medicaid. The facility may, however, request that a Medicare beneficiary pay coinsurance amounts and other charges for which a beneficiary is liable. You pay those charges as they become due, not before. A facility may also require a cash deposit before admission if your care will not be covered by either Medicare or Medicaid. If a skilled nursing facility improperly demands a deposit, you should call Medicare's hotline.

The toll-free number is 1-800-638-6833.

You should also be aware that Federal law prohibits nursing homes from using physical and chemical restraints on residents for discipline or for the convenience of nursing home personnel. Such restraints may be used only when necessary to treat medical symptoms or to ensure the safety of the person being restrained or other residents. Except in emergencies, physical and chemical restraints may be used only under written orders of physicians.

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INTRODUCTION

Selecting a nursing home is one of the most important and difficult decisions that you may be asked to make — either for yourself or for a member of your family. So it's important that you base your decision on the most complete and timely information available.

Ideally, you would have ample time to plan ahead: to examine facilities; to talk to residents of nursing homes and their families; and to find out about the costs of care and make some financial plans to cover the cost of your nursing home care. Planning ahead is one of the best ways to ease the stress that accompanies choosing a nursing home, and it helps assure a good choice of facility and location when the decision is made.

Unfortunately, such a decision often must be made during a time of crisis — frequently when a person is ready to leave the hospital after a serious illness or operation.

However, when an individual can no longer live independently or requires short-term care after a hospital stay, a decision must be made about providing the best alternative arrangement to meet the person's needs for care.

The task of finding the right kind of services in a desirable, nurturing atmosphere requires some preparatory work to gather the many facts needed to help in the decision-making process.

This booklet is designed as a first step to help you choose a nursing home. We at the Health Care Financing Administration (HCFA) want you to know some of the key resources that are available to you now as you begin your search. This booklet is a guide to some of the places to go, people to speak with, and some of the questions you should ask when considering whether a particular nursing home is right for you or someone in your family.

Finding the right facility is all-important to you or your loved one's well-being. The facility selected will be the home and community for the duration of any stay — often for the remainder of a person's life.

Planning ahead is one of the best ways to ease the stress that accompanies choosing a nursing home.

Consequently, if you are helping a relative find a nursing home, involve him or her as much as possible in the decision-making process. If your relative is mentally alert, it is essential that his or her wishes be respected and that he or she be involved in the process of selecting the home every step of the way.

Many people know very little and don't like to think about life in nursing homes. Therefore, if you or a family member is likely to need nursing home care in the future, discuss the subject well in advance of such a move and educate the family about the realities of nursing home care.

By planning ahead, you will have more control of your life. Even if others must make decisions for you, you will have participated in making your preferences

and needs known ahead of time. There are people who can help you, however, as you begin your search.

FIRST CONSIDERATIONS

DO YOU NEED NURSING HOME CARE?

Nursing homes are only one of a range of long-term, comprehensive medical, personal, and social services designed to meet the needs of chronically ill and disabled persons. Before considering placement in a nursing home, therefore, you should explore the possibility of using home- and community-based care.

What's important is that you discuss your needs and plans with your physician or caregiver and your family to decide on the most appropriate place in which you receive care. Your financial ability to pay will also affect your decision (see "Payment Considerations," page 11).

When a less intensive and less restrictive form of care is called for, a mix of services and/or programs popularly called "alternatives to institutional care" may be most appropriate.

While most long-term care is still provided at home by relatives and friends, an increasing number and variety of community-based health and supportive services and specialized living arrangements are now being created in communities throughout the nation. Among the home– and community-based services available:

- Home Health Care;
- Respite Care;
- Adult Day Care Centers;
- Foster Care;
- Residential Care in a Board and Care Home;
- Retirement Communities; and
- Hospice Care.

When an individual needs 24-hour nursing care and supervision, however, a nursing home may be the best answer.

Once you decide that nursing home care is needed, you may become anxious, angry, guilty, depressed, or scared at the thought of making such a big decision for yourself or a family member. Such reactions are natural and even to be expected. This book can help ease your concerns by assisting you to make informed choices. By planning ahead, you will be better prepared to make the appropriate choice for care. By using this book, you will already be familiar with the individuals and organizations to whom you can turn if you need help.

WHY DO PEOPLE LIVE IN NURSING HOMES?

The great majority of nursing home residents are elderly. Some are frail and unable to take care of themselves and live safely on their own. Other residents, regardless of age, suffer from chronic illnesses and need some medical attention, but do not require hospital care. Still others have been transferred to the nursing home from a hospital to convalesce after a serious illness, accident or operation.

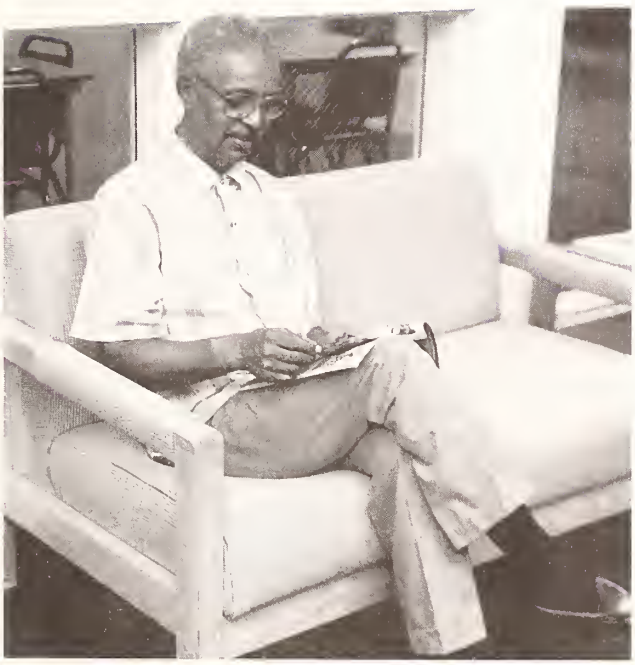
Approximately 45 percent of everyone turning age 65 this year will stay in a nursing home at least once in their lifetime. About one-half of those admitted to nursing homes stay less than six months. However, one in five will stay a year or more, and one in ten will stay three or more years.

Some nursing home residents have no families to care for them at home. In other cases, the families are not able to supply the kind of care the individual needs — there may be no one home during the day, or the care needed may be too specialized or too expensive to provide at home. In still other cases, families may decide that keeping the person at home would be too difficult.

FACTS ABOUT LONG–TERM CARE AND NURSING HOMES

During the past two decades, the number of people over age 65 has grown dramatically, more than 55 percent. While people are living longer, the number of people with chronic illnesses or disabilities that will require long-term care services is also increasing. By the year 2000, almost 9 million older Americans will need long-term care services, up from almost 7 million in 1988. Many of these people will require nursing home services. Typically, these people are older women without spouses.

Almost 20,000 nursing homes in the United States now provide care for about 5 percent of older Americans.



QUALITY-OF-LIFE ISSUES

When people enter nursing homes, they don't leave their personalities at the door. Nor do they lose their basic human rights and needs for respect, encouragement and friendliness. All individuals need to retain as much control over the events in their daily lives as possible.

Consequently, nursing home residents should have the freedom and privacy to attend to their personal needs. That means several things: from managing their own financial affairs, if they are able, to decorating their rooms with personal belongings. It also means being able to participate in the planning of their treatment and being assured of the confidentiality of their medical records.

Nursing home residents should have the freedom and privacy to attend to their personal needs.

In the 1980s, several studies identified some problems with the quality of care that the nation's nursing homes provided to Medicare and Medicaid residents and recommended the implementation of new and higher standards of care in nursing facilities. Congress subsequently enacted legislation to raise these standards. The reforms, which took effect in October of 1990, have served to strengthen both the quality of life and the quality of care for residents. Among other things, they require the provision and enforcement of certain rights of residents to dignity, choice, self-determination, and quality services and activities.

Residents and their relatives must be able to talk to administrators and staff about questions, problems and complaints without fear of reprisal.

Knowing some of the key details of the law can help you make a better decision about selecting a nursing home. It can also better prepare you to be a resident, to know what to expect, and what to ask for if you are not receiving the care and services to which you are entitled. You will need to ask questions and observe how a nursing home is performing.

Under the law, nursing homes must train their nurse aides. Facilities must also conduct a comprehensive assessment of resident needs within two weeks of admission. The law also requires that nursing home residents have the right to choose activities, schedules and health care that are consistent with their interests and needs. Facilities are expected to provide a safe, clean, comfortable homelike environment.

Residents must receive the necessary care and services that enable them to reach and maintain their highest practicable level of physical, mental and social well-being.

For example, married residents should be assured privacy for visits from spouses. If both husband and wife live in the home, they should be able to share a room, if possible. All residents should have freedom and opportunity to make friends and to socialize.

Residents and their relatives must be able to talk to administrators and staff about questions, problems and complaints without fear of reprisal. Administrators should be courteous, helpful and frank. They should treat residents and their requests with respect. Staff members should respond quickly to calls for assistance and treat residents with courtesy, respect and affection. A long-term care facility may meet every known standard, but that's not enough. Warm, professional relationships between staff and residents are an essential ingredient to quality care.

Residents should not be transferred or discharged arbitrarily and should be given reasonable advance notice if they must be moved.

Many of the specific items you should keep an eye out for are part of the regulations concerning residents' rights — a set of rules that nursing homes certified by Medicaid and Medicare must follow. The law applies to referrals, admissions, accommodations, room assignments and transfers, policies regarding financial matters, care services, physical facilities, residents' privileges, and the assignments of medical staff and volunteers. In addition, a civil rights law ensures equal access regardless of race, color or national origin in all nursing homes.

BEGINNING THE SEARCH

SEEK REFERRALS

Before visiting nursing homes, get information about available options from a variety of different people: professionals in the long-term care field (such as the local ombudsman, see below) to friends or ac-

quaintances who have been in a situation similar to yours. They can help focus your search for a nursing home. In that way, you can save some time and avoid needless frustration.

Once again, it is important to remember that choosing a nursing home will require you to use critical judgment at a variety of levels. That final judgment should also include your "gut feeling." In addition, you should seek information from a broad base of sources and not rely on any one source in making your decision.

LONG-TERM CARE OMBUDSMAN PROGRAM

The ombudsman program is a significant part of the nursing home system. Federal law requires each State Agency on Aging to have an Office of the Long-Term Care Ombudsman. More than 500 local ombudsman programs now exist nationwide. These offices provide help and information to older Americans, their families and friends regarding long-term care facilities

Ombudsmen visit nursing homes on a regular basis, and they often have knowledge of what goes on in facilities in their communities. In addition, they receive and investigate complaints made by or on behalf of nursing home residents and work to resolve the problems.

If they are unable to resolve problems or if they find serious violations of standards in the facility, ombudsmen refer complaints to State Health Departments for action.

Ombudsmen can also provide information on licensed long-term care facilities in the state or local area, usually including some

descriptive information. They cannot advise you on any one particular nursing home, but they will supply current information regarding nursing homes near you. Ask the local ombudsman about:

- Information from the latest survey report on the facility;
- Any complaints against the nursing homes you plan to visit;
- The number and nature of complaints for the past year against the facility;
- The results and conclusions of the investigation into these complaints; and
- What to look for as tell-tale signs of good care in facilities.

If there are local advocacy groups or support groups for the aged and their families, they will also be good sources for recommendations.

OTHER COMMUNITY RESOURCES

While the ombudsman program is a good place to begin your search for a nursing home, there are many other valuable community resources that you should consult before deciding which nursing homes to visit. Among these resources:

- Hospital discharge planners or social workers;
- Your family physician;
- Religious organizations;
- Volunteer organizations such as Pets on Wheels;
- State nursing home associations; and
- Close friends or relatives.

In meeting with these resources, ask about the facility's reputation in the community. Does the facility have a list of references — especially family members of current residents?

OTHER KEY FACTORS TO CONSIDER

As you set about deciding on a nursing home, it is also important for you to distinguish between your wants and your needs. To that end, you should ask yourself:

- What kind of care do you need; and
- What is the lifestyle you would like to lead in the facility?

Different kinds of nursing homes provide different types of care; yet all must provide certain basic services. The key is to match the home to the resident — to ensure the nursing home provides the person the kind of care and services needed.

Some people may want a safe and comfortable place to live among pleasant compan-

It is important for you to distinguish between your wants and your needs.

ions. You may want a home that places special emphasis on ethnic factors such as special food or foreign languages, or similarity in religious background.

On the other hand, other residents may require help with grooming and occasional medical treatment. Still others may require constant medical attention, therapy and other skilled nursing care.

Once you identify what you want and need in a home, simply telephoning some of the nursing homes on your list may eliminate the need to visit them. Some of the key questions that you may ask over the phone to facilities are:

- Is the nursing home certified for participation in the Medicare or Medicaid programs?
- What are the facility's admission requirements for residents?
- What is the "typical profile" of a resident in the facility? For example, if you require temporary rehabilitation services and the nursing home specializes in Alzheimer's disease care, it's probably not a good match.
- Does the nursing home require that a resident sign over personal property or real estate in exchange for care?
- Does the facility have vacancies, or is there a waiting list?

LOCATION

As you develop your list of potential nursing homes to visit, you should also consider the location of the facility. For example, how close is it to family members and friends? How easy is it for people to visit? How near is it to other community contacts and resources that you hope to continue to see and use?

ENROLLMENT IN A MANAGED CARE PLAN

If you or your family member is enrolled in a health maintenance organization (HMO) or competitive medical plan (CMP), ask a representative of the plan about coordination of health care services between the HMO/CMP and the nursing home. Ask which nursing homes the HMO or health plan works with in the area. If you are interested in a nursing home outside of the area served by the HMO, discuss this with the plan representatives.

PUBLIC INFORMATION

Your State Health Department produces a yearly report on the performance of each nursing home that is certified for Medicare or Medicaid. You should review the latest report. It is required to be made available at the nursing home and is also available through your state health department or from the local ombudsman program.

You should talk to the nursing home administrator and long-term care ombudsman about the results of the survey report. What did the nursing home do to correct problems, if any, that were identified in the report?

VISITING A NURSING HOME

TALK TO RESIDENTS AND STAFF

It is very important for you or a family member to visit a nursing home before becoming a resident. A visit provides you an opportunity to talk not only with people who work at the facility, but more importantly, with the people who live and receive care at the nursing home and their families.

Ask residents what they like about the home and what they do when they need something to be different. Ask them what they like about the staff. Ask visitors or volunteers the same questions. If you see no volunteers, ask how frequently volunteers come to the home and what they do. Take advantage of this opportunity. You can gain valuable insight into the quality of life in the facility.

WHEN AND HOW OFTEN SHOULD YOU VISIT A HOME?

Ideally, you should visit a nursing home more than once and during different times of the day. One visit should be during late morning or midday so you can observe whether people are out of bed, and, if possible, whether the noon meal is being served. You should also plan to visit during the afternoon to observe activities as well as during and after the evening meal and evening hours.

The first time you visit a nursing home, make an appointment to see the administrator or admissions director so that you can fully explain the purpose of your visit. Mention that you would like to watch the daily routine at the nursing home, including staff preparing and serving a meal in the dining room and to residents in their own rooms. Observe as many different resident activities as possible, including therapy sessions.

Most nursing homes will gladly arrange for a guided tour of the facility, and they should be able to direct you to the Residents' Bill of Rights. You may ask for a copy of the statement, which you can then review carefully at home. You may also ask to see the results of the nursing home's most recent Medicare and/or Medicaid survey of the facility and the resulting plan of correction, if there were problems.

You should visit a nursing home more than once.

The administrator or admissions director can also arrange for you to speak with any of the staff, including the nursing home social worker. In fact, when you visit a nursing home, you should carefully observe staff members at work. Once again, the interactions among staff and between staff and residents should be warm, respectful and professional.

You should also note the physical condition of the nursing home. Is the building clean, free from overwhelming odors, and well-maintained?

Evaluate the quality of the care and concern for residents you see. For example, do nursing assistants speak slowly and clearly so the resident can hear and see them? How does the staff react when a resident's behav-

ior is inappropriate? How does the staff respond to residents with Alzheimer's disease or residents who seem to have some impairments in expressing themselves? Overall, does the staff show an active interest in and affection for individual residents? In addition, ask residents if there is enough staff to meet their needs at all times.

FORM YOUR OWN IMPRESSIONS

Although a formal tour is useful, it is important that you talk to residents and observe conditions in the nursing home by yourself, without facility staff assisting you. Make an unscheduled visit.

Ask residents their opinion of the nursing home, and if they will show you around the facility. In either case, be observant. Notice whether the residents are dressed neatly and appropriately for the time of day. Ask how often residents get a full bath or shower. Do they appear to be contented and enjoying the activities, and do residents interact with one another?

Remember, although some residents may prefer to watch rather than participate in activities at the nursing home, if most residents are passive, it may be a sign that the home has no activity program or that residents are kept on medications.

Talk to residents and observe conditions in the nursing home by yourself, without facility staff assisting you.

Are residents eager to discuss their feelings about the nursing home with you, or do they appear apathetic about their surroundings? Ask residents whether the facility has a resident council — a committee of residents that helps advise the facility about resident concerns, needs, wants, likes, and dislikes. The law does not require nursing homes to have such councils.

And, if possible, meet with members of the family council at the nursing home. Family councils, which are similar to resident councils, are composed of family members of the facility's residents. Even if the nursing home does not have a family council, ask to speak with family members of residents of the facility. Also note whether visiting hours are generous and set for the convenience of residents and visitors.

In making these kinds of observations, trust your instincts and perceptions. Be certain to bring a note pad and pen with you to make notes about your impressions soon after you leave the facility. Impressions become blurred with time.

MEDICAL SERVICES

Medical and nursing care are crucial to you or your relative's welfare as a resident of the nursing home. Therefore, you need to spend extra time to ensure your needs will be met in this important area. In most cases, you can choose your own physician, even for emergency care.

Nursing homes also have their own physician. You should understand how often the physician visits the facility and reviews medical records of the residents. Does the physician and nursing staff meet with residents and their families to develop plans for treatment? On average, how many residents is each nurse aide or direct care nurse assigned to care for? Are licensed nurses on

duty around the clock? If not, is there 24-hour access by telephone? In addition, will the confidentiality of your medical records be assured? The importance of understanding the answers to these questions in part depends on the needs of the individual resident. Still, you need to know the answers in case you need medical treatment.

RESTRAINTS

The law strictly limits circumstances under which facilities can physically restrain residents in beds or chairs. Residents can never be restrained simply for the convenience of staff. All physical or chemical (medication) restraints must be ordered by a physician. Many nursing homes are making progress in finding other safe ways to care for residents without restraining them. If you see residents with restraints, you should carefully question the staff about the nursing home's philosophy on the use of restraints. Ask what kind of activities and rehabilitation are used to keep residents restraint free.

When a medication is used, facility staff must check the resident to make sure there are no adverse side-effects. When a physical restraint is used, the resident should be monitored frequently to see that all is well, and to take care of any physical needs such as toileting.

Remember that federal law states that nursing home residents have the right to be free from any restraints administered for purposes of discipline or convenience, and not required to treat medical conditions. In addition, the law says you will have the right to be free from neglect and any type of abuse — verbal, sexual, physical, and mental. That includes corporal punishment and involuntary seclusion. Determine the facility's system to protect residents from neglect and abuse.

FOOD SERVICES

The preparation and serving of meals is one of the most important services provided to nursing home residents each day. On your visit to the nursing homes, take the time to watch servers in action. Ask to sample the food. Are hot foods served hot and cold foods cold?

Ask the dietitian at the facility for a list of menus for the month, and ask how special diets are handled. Among the questions you should get answers to from both the dietitian and residents are:

- Is enough time allowed for eating?
- Is food delivered to residents who are unable or unwilling to eat in the dining room?
- Are snacks available?
- Are those residents in need of special equipment or assistance at meal time provided with such equipment or assistance?

As you watch residents eat their meal, note whether they seem to be enjoying the food. Talk to residents about the quality and variety of their meals.

FIRE SAFETY

Although nursing home fires causing multiple deaths do not occur often, fire safety is very important. It is often difficult to evacuate residents quickly enough should a major fire erupt. Therefore, review the facility's fire safety training program. Do all staff know what to do in the event of an emergency? Are residents provided a supervised place in which to smoke?

FOLLOW-UP OBSERVATIONS

When deciding on which nursing home to enter, one visit is not enough. Ideally, you should plan on a second and, if time permits, a third visit to a facility after reviewing your written notes from the initial visit. Once again, you should make unannounced visits to the nursing home.

On your follow-up visit, go back at a different time of the day, preferably during the evening and/or weekend. There are usually fewer staff on duty at that time, and the visit will give you an indication of the types of evening or weekend activities, if any, that are available for the residents. These visits will also give you a way to compare the level of attention that staff give to residents and whether the attitude of staff is the same during the night and day and during weekdays and weekends.

PAYMENT CONSIDERATIONS

For most people, finding ways to finance nursing home care is a major concern. There are four basic ways in which nursing home costs may be financed:

- **Personal Resources** — About one-half of all nursing facility residents pay for costs out of personal resources. When many people enter a nursing home, they first pay for their care out of their own income and savings. Because of the high cost of such care, however, some people use up their resources to the point where they become eligible for Medicaid. You should check with your state Medicaid agency before entering a nursing home to determine the financial eligibility requirements for Medicaid.

- **Private Insurance** — Some Medicare supplementary insurance policies, often referred to as "Medigap" insurance, also can provide a source of payment to supplement Medicare coverage for care in a skilled nursing facility. There is also private, long-term care insurance available (see page 13).

- **Medicaid** — State and federal coverage is available to eligible low-income individuals who need care at least above the level of room and board. The nursing home must be Medicaid-certified.

- **Medicare** — Under some limited circumstances, Medicare hospital insurance (Part A) will pay for a fixed period of skilled nursing facility care. The nursing home must be Medicare-certified.

Many health maintenance organizations (HMOs) and other managed care plans participate in the Medicare and Medicaid programs. These health care plans often

cover certain benefits in addition to those required by Medicare and Medicaid and are experienced in "coordinating" a member's health care. Some HMOs may also offer more medical or supportive services; others may not require a hospital stay before approving a nursing home admission.

WHAT DO MEDICARE AND MEDICAID PAY FOR?

Medicare benefits are payable only if you require daily skilled care which, as a practical matter, can only be provided in a skilled nursing facility on an inpatient basis, and the care is provided in a facility certified by Medicare. Medicare will not pay for your stay if the services you receive are primarily personal care or custodial services such as assistance in walking, getting in and out of bed, eating, dressing, bathing and taking medicine.

To qualify for Medicare coverage for skilled nursing facility care, you must have been in a hospital at least three consecutive days (not counting the day of discharge) before entering a skilled nursing facility. You must be admitted to the facility for a condition for which you were treated in the hospital and the admission generally must be within 30 days of your discharge from the hospital. A medical professional must certify that you need and receive skilled nursing or skilled rehabilitation services on a daily basis.

Medicare can help pay for up to 100 days of skilled care in a skilled nursing facility during a benefit period. All covered services for the first 20 days of care are fully paid by Medicare. All covered services for the next 80 days are paid by Medicare except for a daily coinsurance amount. The coinsurance amount is calculated each year by Medicare. You are responsible for the coinsurance. If you require more than 100 days of care in a benefit period, you are responsible for all charges beginning with the 101st day.

Many nursing homes have both Medicare and non-Medicare parts. Medicare law does **not** permit payment for residents in non-Medicare parts of the facility, even if the care needed meets the medical standards for coverage. Therefore, in order for Medicare to pay, the resident must be placed in the section of the nursing home that is certified under Medicare.

To help you avoid such problems, however, SNFs generally work closely with hospital discharge planners and social workers to ensure that only individuals requiring skilled services are admitted to skilled parts of the nursing home. If the SNF determines that the person does not meet skilled standards and then admits the resident to a skilled part, it must provide the individual with a Notice of Non-Coverage. Nursing homes are required to give residents the Notice of Non-Coverage at time of admission, or any time after admission when they believe skilled services are no longer required.

A resident may appeal the nursing home's opinion that the care and services required are not covered by Medicare. The resident should not be charged for services until he or she receives a formal decision on his or her appeal from Medicare. However, if as a result of the appeal, it is determined that Medicare will not cover the stay, the resident is liable for the cost of care since the start of his or her nursing home stay.

When you visit a nursing home, if you are eligible for Medicare coverage, ask to see a copy of the facility's Notice of Non-Coverage. Ask some of the residents in the facility if they have had difficulties or misunderstandings with the facility over payments and whether problems were satisfactorily and quickly resolved.

MEDICAID ELIGIBILITY

Medicaid pays nursing home expenses for individuals who meet income and resource eligibility requirements. Medicaid can pay for nursing facility care that ranges from skilled nursing care to care that is above the level of room and board, but less intensive than "skilled" care.

It is important to contact the local State Medicaid Agency for eligibility and program information as early in the placement process as possible. Financial guidelines vary from state to state and can be somewhat restrictive, but remember that eligibility is retroactive to the date of application.

Moreover, if either spouse transfers resources, such as real estate or bank accounts, for less than fair market value within 30 months before a spouse goes into a nursing home, this could affect the extent to which the Medicaid program would pay for the cost of care for the spouse in the nursing home and for certain community services.

Changes in Medicaid law—the "spousal impoverishment" provisions—provide some protection for a certain amount of income and resources for a spouse still living at home when the other partner needs nursing home placement.

LONG-TERM CARE FINANCING AND INSURANCE

Given the increasing likelihood of older Americans having to use long-term care services at some point in their lives, an important part of planning ahead is preparing for your financial future. This is important because most home care and about half of nursing home costs are paid directly by consumers and their families.

There are a variety of financing mechanisms for long-term care services.

There are a variety of financing mechanisms for long-term care services, including continuing care retirement communities and private long-term care insurance.

Medicare supplemental insurance (Medigap) policies generally cover very little long-term care at home or in a nursing home, usually covering only deductibles; coinsurance, and long hospital stays. Medicaid covers nursing home care and some community care benefits such as home health care or adult day care. Coverage varies by State and is generally limited to people with low income and assets.

One option that you might wish to consider is purchasing long-term care insurance. This type of insurance policy covers nursing home care and increasingly includes home care coverage as well.

Because costs for long-term care policies can vary widely, even for similar policies, shopping and price comparison is important. Counseling services may help you select a policy most appropriate to your needs.

People purchase long-term care insurance for several reasons. If you are deciding whether and when to buy long-term care insurance, you should consider the following questions:

- Will your income cover long-term care expenses, along with other ongoing expenses?

- If you purchase such insurance, can you pay for the deductible period and coinsurance?

- Can you pay the premiums now? Can you pay if the premiums rise?

- Will you be able to pay the premiums if your spouse dies?

- Will you be able to pay for upgrading benefits to meet inflation?

- Would you become eligible for Medicaid if you had large medical bills, or entered a nursing home where average yearly costs run almost $30,000?

Before signing a long-term care insurance policy, you should also ask if you have a period during which to cancel the policy and receive a refund for the first premium. As you shop around:

- Be sure that the policy does not base coverage on medical necessity, or require prior hospitalization before entering a nursing home, or prior nursing home stays for home health care.

- Be sure that the insurer can cancel your policy only for reason of nonpayment of premiums.

- Make certain you have realistic inflation protection.

- Check the length of time that preexisting conditions are excluded.

- Check for permanent exclusions on certain conditions, such as Alzheimer's disease.

Finally, if you decide to purchase long-term care insurance, do some checking into the reputation and financial stability of the company offering the insurance. Your state health insurance commissioner and consumer affairs offices should be helpful in identifying reliable companies.

REVIEWING THE CONTRACT

Before an individual is admitted to a nursing home, the resident, or the person sponsoring the resident, will have to sign a contract. **Before** you sign any contract with a nursing home, stop, and carefully review the document.

Remember: the admissions contract is a legally binding document that spells out the conditions under which the resident is accepted.

A comprehensive contract should:

- State your rights and obligations as a resident of the facility, including safeguards for residents' rights and grievance procedures;
- Specify how much money you must pay each day or month to live in the nursing home;
- Detail the prices for items not included in the basic monthly or daily charge;
- State the facility's policy on holding a bed if you temporarily leave the home for reasons such as hospitalization or vacation; and
- State whether the facility is Medicaid and/or Medicare certified. If so, and if you desire, the facility must accept Medicaid payments when your own funds run out, or accept Medicare payments if you qualify for Medicare coverage. For Medicare and Medicaid beneficiaries, private pay admissions contracts are illegal and cannot be enforced.

Remember: discrimination against Medicaid nursing home patients is illegal.

ADDITIONAL TIPS BEFORE SIGNING A CONTRACT

- Ask the nursing home for a copy of a contract. In this way, you will be able to review the document at your own pace, get additional advice from a variety of outside sources, and compile a list of questions that you might have about provisions in the contract.
- Have the nursing home administrator, the home's social worker, or the local ombudsman answer your questions.
- Because the admissions contract is a legally binding document, you should talk to a lawyer, if possible, about the terms of the contract.
- Remember that you can change terms of the contract. But if you make changes, each of them must be initialed by both you and the nursing home representative.
- Be sure that the contract is complete and correct before you sign it. There should be no blank spaces.

NURSING HOME CHECKLIST

When you visit a nursing home, you should carry this checklist with you. It will help you to compare one facility with another, but remember to compare facilities certified in the same category; for example, a skilled nursing facility with another skilled nursing home. Because nursing homes may be licensed in more than one category, always compare similar types of service among facilities.

Home A _____ Home B _____

		Home A		Home B	
Look at Daily Life		YES	NO	YES	NO
1.	Do residents seem to enjoy being with staff?	☐	☐	☐	☐
2.	Are most residents dressed for the season and time of day?	☐	☐	☐	☐
3.	Does staff know the residents by name?	☐	☐	☐	☐
4.	Does staff respond quickly to resident calls for assistance?	☐	☐	☐	☐
5.	Are activities tailored to residents' individual needs and interests?	☐	☐	☐	☐
6.	Are residents involved in a variety of activities?	☐	☐	☐	☐
7.	Does the home serve food attractively?	☐	☐	☐	☐
8.	Does the home consider personal food likes and dislikes in planning meals?	☐	☐	☐	☐
9.	Does the home use care in selecting roommates?	☐	☐	☐	☐
10.	Does the nursing home have a resident's council? If it does, does the council influence decisions about resident life?	☐	☐	☐	☐
11.	Does the nursing home have a family council? If it does, does the council influence decisions about resident life?	☐	☐	☐	☐
12.	Does the facility have contact with community groups, such as pet therapy programs and Scouts?	☐	☐	☐	☐
Look at Care Residents Receive					
1.	Do various staff and professional experts participate in evaluating each resident's needs and interests?	☐	☐	☐	☐

	Home A		Home B	
	YES	NO	YES	NO
2. Does the resident or his or her family participate in developing the resident's care plan?	☐	☐	☐	☐
3. Does the home offer programs to restore lost physical functioning (for example, physical therapy, occupational therapy, speech and language therapy)?	☐	☐	☐	☐
4. Does the home have any special services that meet your needs? For example, special care units for residents with dementia or with respiratory problems?	☐	☐	☐	☐
5. Does the nursing home have a program to restrict the use of physical restraints?	☐	☐	☐	☐
6. Is a registered nurse available for nursing staff?	☐	☐	☐	☐
7. Does the nursing home have an arrangement with a nearby hospital?	☐	☐	☐	☐

Look at How the Nursing Home Handles Payment

1. Is the facility certified for Medicare?	☐	☐	☐	☐
2. Is the facility certified for Medicaid?	☐	☐	☐	☐
3. Is the resident or the resident's family informed when charges are increased?	☐	☐	☐	☐

Look at the Environment

1. Is the outside of the nursing home clean and in good repair?	☐	☐	☐	☐
2. Are there outdoor areas accessible for residents to use?	☐	☐	☐	☐
3. Is the inside of the nursing home clean and in good repair?	☐	☐	☐	☐
4. Does the nursing home have handrails in hallways and grab bars in bathrooms?	☐	☐	☐	☐

		Home A		Home B	
		YES	NO	YES	NO
5.	When floors are being cleaned, are warning signs displayed, or are areas blocked off to prevent accidents?	☐	☐	☐	☐
6.	Is the nursing home free from unpleasant odors?	☐	☐	☐	☐
7.	Are toilets convenient to bedrooms?	☐	☐	☐	☐
8.	Do noise levels fit the activities that are going on?	☐	☐	☐	☐
9.	Is it easy for residents in wheelchairs to move around the home?	☐	☐	☐	☐
10.	Is the lighting appropriate for what residents are doing?	☐	☐	☐	☐
11.	Are there private areas for residents to visit with family, visitors, or physicians?	☐	☐	☐	☐
12.	Are residents' bedrooms furnished in a pleasant manner?	☐	☐	☐	☐
13.	Do the residents have some personal items in their bedrooms (for example, family pictures, souvenirs, a chair)?	☐	☐	☐	☐
14.	Do the residents' rooms have accessible storage areas for residents' personal items?	☐	☐	☐	☐

Other Things to Look For

1.	Does the nursing home have a good reputation in the community?	☐	☐	☐	☐
2.	Does the nursing home have a list of references?	☐	☐	☐	☐
3.	Is the nursing home convenient for family or friends to visit?	☐	☐	☐	☐
4.	Does the local ombudsman visit the facility regularly?	☐	☐	☐	☐

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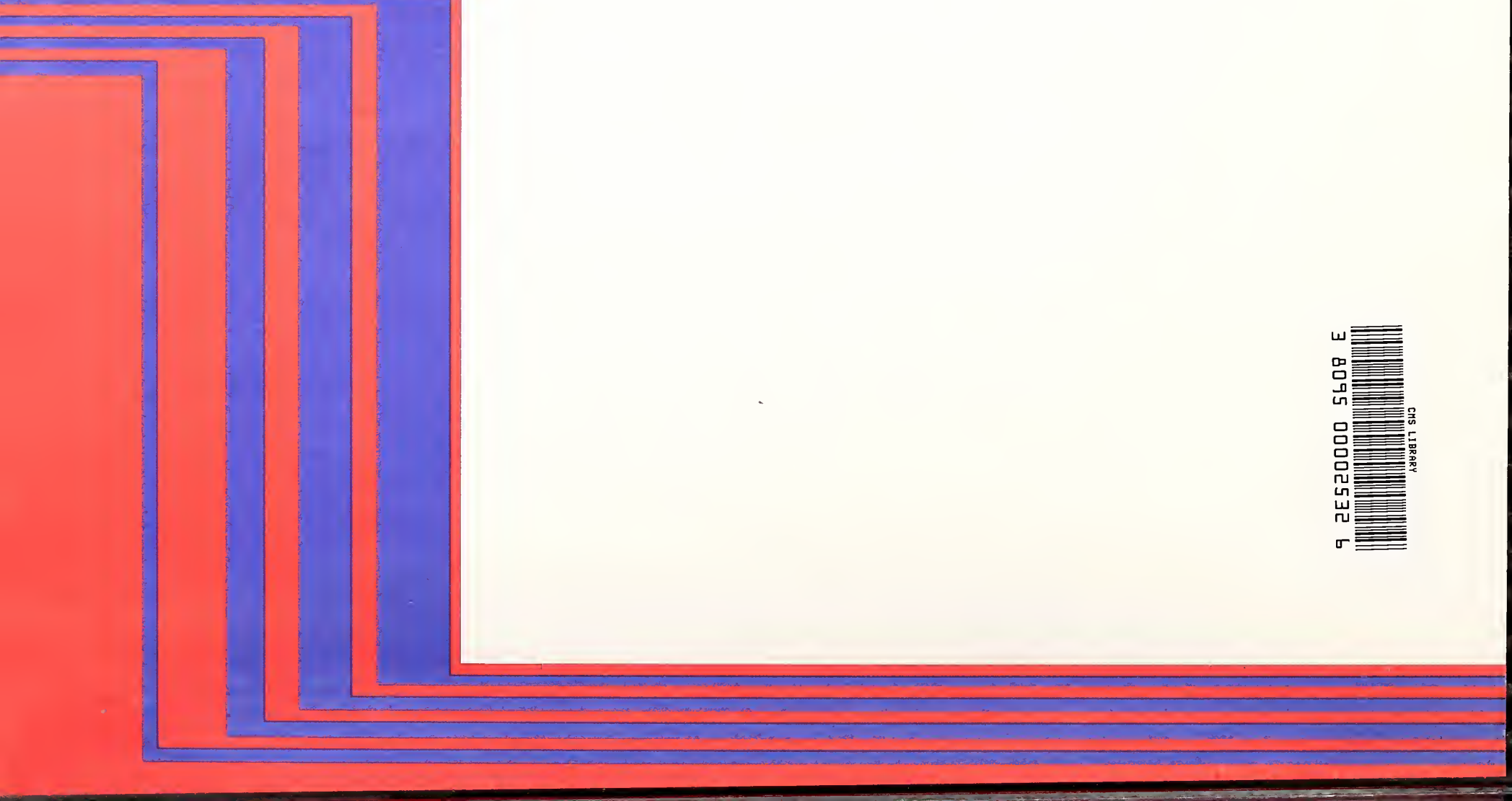

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